

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-012846

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No. **301**

Primary Registration District No. _____

Registrar's No. **30**

FILED APR 2 1963

| | | | |
|--|---|--|-------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Ripley | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ripley | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Doniphan | | c. CITY OR TOWN Doniphan | |
| Length of stay in 1b | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ripley Co. Mem Hosp. | | d. STREET ADDRESS (If outside, give location) 1007 Walnut St. | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First James Middle Lester Last Walker | | 4. DATE OF DEATH Month March Day 21 Year 1963 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 10/28/08 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cotton Gin Owner | | 9. AGE (last birthday) 54 | |
| 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) St. James, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13a. FATHER'S NAME George Walker | |
| 13b. MOTHER'S MAIDEN NAME Lou Wallace | | 14. NAME OF HUSBAND OR WIFE Grace Walker | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. [REDACTED] | |
| 17. INFORMANT Mrs Grace Walker Doniphan, Mo. | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cornary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Sclerosis (generalized) DUE TO (c) _____ | | INTERVAL BETWEEN ONSET AND DEATH 1 hour 6 months | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____ | |
| 21. I attended the deceased from 3/15/59 to 3/21/62 and last saw her alive on 3/21/62 . Death occurred at 10:30 pm on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Frank C. Johnson MD (Degree or title) | | 22b. ADDRESS Doniphan, Mo | |
| 22c. DATE SIGNED 3/22/63 | | (State) | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 3/24/63 | 23c. NAME OF CEMETERY OR CREMATORY Doniphan Cemetery | |
| 23d. LOCATION (City, town, or county) Doniphan, Missouri | | (State) | |
| 24. FUNERAL DIRECTOR Edwards Funeral Home | | 25. DATE RECD. BY LOCAL REG. 3-24-63 | |
| ADDRESS Doniphan, Mo. | | 26. REGISTRAR'S SIGNATURE Flava Broz | |

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1 **0910**
2 **0910**
3
4 **0**
5 **1**
6
7 **0**
8 **2**
9 **710.0**
10
11
12 **1-0**
13 **1-0**

MAY 20 1963

Permit issued 3-24-63 J.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Jack L. Cunningham Student Embalmer No. 676

working under my personal supervision.

Student Jack L. Cunningham
Signature of Student Embalmer

Signed Gene A. Parent

Licensed Embalmer No. 4809

P. O. Address Naylor, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.